FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HIP
---	-----

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
3235-0287									
Estimated average burden									
0.5									

					01 360		vesunei		прапу Аст с	J 1940								
1. Name and Address of Reporting Person [*] MCHALE JUDITH A						2. Issuer Name and Ticker or Trading Symbol HOST MARRIOTT CORP/ [HMT]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Ow				
(Last) 6903 RC SUITE 1	-	(First) GE DRIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/30/2005								Officer (g		Other (spec below)			
(Street) BETHES	SDA	MD	20817	4. IT AM	4. If Amendment, Date of Original Filed (Month/Day/Year)								 Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)		(State)	(Zip)															
			Table I - No	n-Deriv	ative S	ecurities Acq	uired,	Dis	posed of	f, or Ben	eficia	ally C	wned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	Amount (A) or P		;e	Transaction(s) (Instr. 3 and 4)				(1130.4)		
			Table II -			curities Acqui IIs, warrants, (,			-	vned					
1. Title of	2.	3. Transactio	n 3A. Deemed	4.		5. Number 6. Date Exercisable and 7. Title and Amount								9. Numb	er of	10.	11. Natu	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of	ired r osed) 7. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye	e			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Employee Director Def. Stock Units	\$0							07/29/2005 ⁽¹⁾	07/29/2015 ⁽¹⁾	Common Stock	391.6041		391.6041	D	
Non- Employee Director Def. Stock Units	\$0							08/31/2005 ⁽¹⁾	08/31/2015 ⁽¹⁾	Common Stock	202.7867		202.7867	D	
Non- Employee Director Def. Stock Units	\$0							09/30/2005 ⁽¹⁾	09/30/2015 ⁽¹⁾	Common Stock	211.1278		211.1278	D	
Non- Employee Director Def. Stock Units	\$0							10/31/2005 ⁽¹⁾	10/31/2015 ⁽¹⁾	Common Stock	284.2034		284.2034	D	
Non- Employee Director Def. Stock Units	\$0							(2)	(2)	Common Stock	99.5473		99.5473	D	

Explanation of Responses:

1. The stock units were accrued under the Host Marriott Corporation Non-Employee Directors' Deferred Stock Compensation Plan and are to be settled in Host Marriott common stock in a lump sum or equal annual installments over a period not to exceed ten (10) years upon the reporting person's termination of service as a Director.

2. Pursuant to the Restricted Stock Plan, reporting person is required to reinvest cash dividends in shares of additional Host Marriott Corporation common stock.

By: Elizabeth A. Abdoo For:

Judith A. McHale

12/02/2005

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.